PRINTED: 08/29/2014 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 1022 EASTERN AVENUE NASHVILLE, NC 27856 REGULATORY OR ISC IDENTIFYING INFORMATION) PREFTS REGULATORY OR ISC IDENTIFYING INFORMATION PREFTS 103 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR ISC IDENTIFYING INFORMATION) PREFTS 104 NCAC 13F .0802 (a) Resident Care Plan (a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule (0.001 of this Section. The care plan is an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on staff interview and record review the facility failed to develop care plans for falls and elopement which resulted in a fall for 1 of 3 sampled residents (Resident #3) who experienced multiple falls in the assisted living secure unit, Findings included. Resident #3 was admitted to the facility (assisted living secure unit) on 062/14 with documented diagnoses which included frequent falls. A 06/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed patio. Resident #3 social History section. Instructions in the Care Plan section of the assessment documented, "If the assessment indicates the resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plan: Activities of Daily Living (ADL) section, the unit manager documented (Texted the part of the pation and the very proposal transpropriate interventions are in place, care plan updated and staff trained on care expectations. Started #3/4/4 and Davision of Haelts Section from the Activities of Daily Living (ADL) section, the unit manager documented "Texted the pation of the activity as an added elopement and the pation of the activity as a secure unit dining round the p	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL				
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CAREINASHVILLE SIMMARY STATEMENT OF DEPOSITIONS REGULATORY OR LSC IDENTIFYING INFORMATION) D 259 10A NCAC 13F .0802(a) Resident Care Plan (a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident is essessment to be completed within 83 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident is essessment to be completed within 83 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident (Resident #3) who experienced multiple falls in the assisted living secure unit). Findings included: Resident #3 was admitted to the facility (assisted living secure unit) on 06/20/14 with documented diagnoses which included frequent falls. A 08/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed pailo. Resident #3's 66/24/14 Adult Care Home Personal Care Physician Authorization and Care Plan documented the resident exhibited wandering behavior in the Assessment. Mental Health and Social History section. Instructions in the Care Plans. Activities of Daily Living (ADL) section, the unit manager documented "fit the assessment indicates the resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plans cativities of Daily Living (ADL) section, the unit manager documented "(Resident #3') and section of the assessment indicates the resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plans cativities of Daily Living (ADL) section,				A. BOILDING.			
UNIVERSAL HEALTH CARE/NASHVILLE NASHVILLE, NC 27865			NH0500	B. WING			
UNIVERSAL HEALTH CARE/NASHVILLE NASHVILLE, NC 27865	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
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PRÉFIX TAG D 259 10A NCAC 13F .0802(a) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan 10A NCAC 13F .0802 Resident care plan is developed for each resident is completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on staff interview and record review the facility failed to develop care plans for falls and elopement which resulted in a fall for 1 of 3 sampled residents (Resident #3) who experienced multiple falls in the assisted living secure unit. Findings included: Resident #3 was admitted to the facility (assisted living secure unit) on 06/20/14 with documented diagnoses which included frequent falls. A 06/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed patio. Resident #3's 06/24/14 Adult Care Home Personal Care Physician Authorization and Care Plan documented the resident exhibited wandering behavior in the Assessment: Mental Health and Social History section. Instructions in the Care Plan section of the assessment documented, "If the assessment inclicates the resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plan: Activities of Daily Living (ADL) section, the unit manager documented "(Resident #3) wanders @ (at) times" in relation to ambulation/locomotion.	UNIVER	SAL HEALTH CARE/N	IASHVII I F				
PREFIX TAG D 259 10A NCAC 13F .0802 (a) Resident Care Plan (a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident in resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on staff interview and record review the facility failed to develop care plans for falls and elopement which resulted in a fall for 1 of 3 sampled residents (Resident #3) who experienced multiple falls in the assisted living secure unit. Findings included: Resident #3 was admitted to the facility (assisted living secure unit) on 06/20/14 with documented diagnoses which included frequent falls. A 06/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed patio. Resident #3's 06/24/14 Adult Care Home Personal Care Physician Authorization and Care Plan documented the resident exhibited wandering behavior in the Assessment: Mental Health and Social History section. Instructions in the Care Plan section of the assessment indicates the resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plan: Activities of Daily Living (ADL) section, the unit manager documented (Resident #3) was re-assessed by AL Manager for fall and elopement risk. Care plan was updated with appropriate interventions. Memory Care staff was re-educated by the AL Manager on Resident #3' regarding risk needs including falls and elopement risk. Care plan was updated by the AL Manager on Resident #3' ado plant was re-assessed by AL Manager for fall and elopement will be door device the fall was	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
10A NCAC 13F .0802 Resident Care Plan (a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on staff interview and record review the facility failed to develop care plans for falls and elopement which resulted in a fall for 1 of 3 sampled residents (Resident #3) who experienced multiple falls in the assisted living secure unit. Findings included: Resident #3 was admitted to the facility (assisted living secure unit) on 06/20/14 with documented diagnoses which included frequent falls. A 06/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed patio. Resident #3's 06/24/14 Adult Care Home Personal Care Physician Authorization and Care Plan documented the resident exhibited wandering behavior in the Assessment Mental Health and Social History section. Instructions in the Care Plan section of the assessment adcumented. The assessment indicates the resident has medically related personal care needs requiring assistance, show the plan for providing care. In the Care Plan: Activities of Dally Living (ADL) section, the unit manager documented "(Resident #3) ownders @ (at) times" in relation to ambulation/locomotion.	PREFIX			PREFIX	CROSS-REFERENCED TO THE APPRO		COMPLETE
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Based on staff interview and record review the facility failed to develop care plans for falls and elopement which resulted in a fall for 1 of 3 sampled residents (Resident #3) who experienced multiple falls in the assisted living secure unit. Findings included: Resident #3 was admitted to the facility (assisted living secure unit) on 06/20/14 with documented diagnoses which included frequent falls. A 06/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed patio. Resident #3's 06/24/14 Adult Care Home Personal Care Physician Authorization and Care Plan documented the resident exhibited wandering behavior in the Assessment: Mental Health and Social History section. Instructions in the Care Plan section of the assessment documented, "If the assessment indicates the resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plan: Activities of Daily Living (ADL) section, the unit manager documented "(Resident #3) wanders @ (at) times" in relation to ambulation/locomotion.		(a) An adult care he developed for each the resident assess 30 days following a .0801 of this Sectio individualized, written	ome shall assure a care plan is resident in conjunction with sment to be completed within dmission according to Rule n. The care plan is an				
A 06/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed patio. Resident #3's 06/24/14 Adult Care Home Personal Care Physician Authorization and Care Plan documented the resident exhibited wandering behavior in the Assessment documented, "If the assessment indicates the resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plan: Activities of Daily Living (ADL) section, the unit manager documented "(Resident #3) wanders @ (at) times" in relation to ambulation/locomotion. Care on the two exit doors leading to the patio and the two internal doors exiting into the facility as an added elopement safety precaution on 8/5/14. Each shiff the Med Tech in Memory Care is responsible for checking each alarm to ensure it is working properly. AL Manager will check the audit sheets daily x 2 weeks; then weekly x 2 months to ensure Med Techs are documenting the alarm checks. Incident reports for Resident #3 of falls or elopement will be brought to the morning clinical meeting to be reviewed by the IDT to ensure appropriate interventions are in place, care plan updated and staff trained on care expectations. Started 8/4/14 and		This Rule is not met as evidenced by: Based on staff interview and record review the facility failed to develop care plans for falls and elopement which resulted in a fall for 1 of 3 sampled residents (Resident #3) who experienced multiple falls in the assisted living secure unit. Findings included: Resident #3 was admitted to the facility (assisted living secure unit) on 06/20/14 with documented			Resident #3 was re-assessed by A Manager for fall and elopement ris plan was updated with appropriate interventions. Memory Care staff vre-educated by the AL Manager or Resident #3 regarding risk needs falls and elopement, current intervand updated care plan on 8/2/14.	sk. Care was n including entions	
resident has medically related personal care needs requiring assistance, show the plan for providing care." In the Care Plan: Activities of Daily Living (ADL) section, the unit manager documented "(Resident #3) wanders @ (at) times" in relation to ambulation/locomotion. Incident reports for Resident #3 of falls or elopement will be brought to the morning clinical meeting to be reviewed by the IDT to ensure appropriate interventions are in place, care plan updated and staff trained on care expectations. Started 8/4/14 and		ambulated out the sidining room, and feenclosed patio. Resident #3's 06/24 Personal Care Physical Plan documented the wandering behavior Health and Social Fithe Care Plan sections.	side door of the secure unit ell onto the concrete pad of an 4/14 Adult Care Home sician Authorization and Care he resident exhibited r in the Assessment: Mental distory section. Instructions in on of the assessment		Care on the two exit doors leading patio and the two internal doors exinto the facility as an added eloper safety precaution on 8/5/14. Each Med Tech in Memory Care is resp for checking each alarm to ensure working properly. AL Manager will the audit sheets daily x 2 weeks; tweekly x 2 weeks; then monthly x months to ensure Med Techs are	to the kiting ment shift the consible e it is check hen	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		resident has medic needs requiring ass providing care." In Daily Living (ADL) s documented "(Resi times" in relation to	ally related personal care sistance, show the plan for the Care Plan: Activities of section, the unit manager dent #3) wanders @ (at) ambulation/locomotion.		elopement will be brought to the modifical meeting to be reviewed by to ensure appropriate intervention place, care plan updated and staff on care expectations. Started 8/4/	norning the IDT s are in trained	

Electronically Signed 08/25/14

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	E CONSTRUCTION	(X3) DATE S COMPL	
		NUOFOO	B. WING		C 08/01/2014	
NAME OF	PROVIDER OR SUPPLIER	NH0500		STATE, ZIP CODE	08/0	1/2014
	SAL HEALTH CARE/N	1022 FAS	TERN AVEN			
ONVER	I	NASHVILL	_E, NC 278	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 259	Continued From pa	ge 1	D 259			
D 259	However, no care pelopement. A 07/17/14 7:15 PM Resident #3 fell ont A 07/27/14 6:30 PM Resident #3 slid on At 10:45 AM on 08/ Nurse #2 (Minimum care plan consisted interventions for ad reported care plans	ge 1 Inurse's note documented to the floor while ambulating. Inurse's note documented		on-going. An audit was started 8/4/14 on curresidents in both Memory Care an Assisted Living by the AL Manage and elopement risk. Care plans wereviewed to ensure that Care Plan completed & updated with current needs to include fall & elopement Audit will be completed by 8/27/14 Starting 08/27/14, the Social Work and/or Administrator will review 5 residents in Memory Care weekly weeks to ensure assessments and plans are appropriately developed the individual needs of all current Care residents. The AL Manager and Care plans are appropriately developed to meet the individual reall current AL residents. Audible alarms were placed in Me Care on the two exit doors leading patio and the two internal doors exinto the facility as an added eloper safety precaution on 8/5/14. Each the Med Tech in Memory Care is responsible for checking each ala ensure it is working properly. Al M will check the audit sheets daily x weeks; then weekly x 2 weeks; the monthly x 2 months to ensure Meare documenting the alarm checks. Incident reports of falls, elopement resident events will be brought to marging clinical moeting to be reviewed.	r for falls ere is were care risks. er current x 4 d care to meet Memory and/or in AL is ments in AL is ment in shift in	
				Audible alarms were placed in Me Care on the two exit doors leading patio and the two internal doors exinto the facility as an added eloper safety precaution on 8/5/14. Each the Med Tech in Memory Care is responsible for checking each alarensure it is working properly. Al M will check the audit sheets daily x weeks; then weekly x 2 weeks; the monthly x 2 months to ensure Medare documenting the alarm checks.	y to the kiting ment in shift	

Division of Health Service Regulation

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION :	(X3) DATE S COMPL	
		NH0500	B. WING		C 08/01	/2014
NAME OF			r ADDRESS, CITY,	STATE ZID CODE	1 00/01	72017
NAIVIE OF	PROVIDER OR SUPPLIER		ASTERN AVEN			
UNIVER	SAL HEALTH CARE/N	IASHVII I F	VILLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 259	Continued From pa	ige 2	D 259	interventions are in place, care planted and staff trained on care expectations started 8/5/14 and on the Aweekly Standards of Care meet place to review weekly falls, elope and resident events, current intervand updated care plans. Started 8 and on-going. The AL Manager will bring the Started for Care information to the monthly meeting for review by committee. 8/19/14 and on-going. Nursing staff including licensed in medication technicians and CNAs receive re-education by the Admir and the AL Manager on 8/26/14 a 8/28/14. Education will include Stalls Preventions, elonement risk and interventions, elonement risk and interventions.	in-going. ing is in ements ventions 8/11/14 andards y QA Started urses, s will nistrator nd afety &	
				interventions, elopement risk and interventions, the supervision of a residents, updating and utilizing recare plans. New admission residents in the A Memory Care will be assessed by Manager and/or DON for elopementals risk and a care plan will be done to meet each care need. The Soc Worker and/or Administrator will remely admitted residents weekly weeks; then monthly x 2 months assessments and care plans are appropriately developed to meet to individual needs of the resident.	L or the AL ent and eveloped dial review k4 to ensure	

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WPEM11 If continuation sheet 3 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SU COMPLET					
		NH0500		B. WING		08/0) 1/2014
	PROVIDER OR SUPPLIER SAL HEALTH CARE/N	ASHVILLE	1022 EAS	DRESS, CITY, TERN AVEN LE, NC 278			
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D 260	Continued From page 3			D 260			
D 260	10A NCAC 13F .08	02(b) Resident Ca	are Plan	D 260			8/21/14
	10A NCAC 13F .08 (b) The care plan s based on further as according to Rule .6	shall be revised as sessments of the	needed resident				
	This Rule is not me Based on staff inter facility failed to upd 3 sampled resident experienced multip secure unit. Findin	view and record rate the falls care part (Resident #2) whe falls in the assist gs included:	eview the plan for 1 of ho sted living		D 260 Resident #2 was discharged. An audit was started 8/4/14 on curresidents in both Memory Care an Assisted Living by the AL Manage	nd r for falls	
	Resident #2 was ac 08/23/11. The only care plan #2 experienced in t was dated 06/29/12 "Potential for injury: vision." Interventio "toileting assistance resident's shoes are shoes/non-skid soc and "provide verbal when needing assistance assistance resident's shoes are shoes/non-skid soc and "provide verbal when needing assistance resident's shoes are shoes/non-skid soc and "provide verbal when needing assistance resident's shoes are shoes/non-skid soc and "provide verbal when needing assistance resident should be a shoet resident should be a shoet resident shoet reside	related to falls wh he assisted living 2, and identified th history of falls, in ons to this plan ince e routinely", "mak e well fitting with r ks", "encourage r reminders to resi	ich Resident secure unit e problem mpaired cluded e sure non-slip est periods",		and elopement risk. Care plans we reviewed to ensure that Care Plan completed & updated with current needs to include fall & elopement Audit will be completed by 8/27/14 Starting on 08/27/14, the Social Wand/or Administrator will review 5 residents in Memory Care weekly weeks to ensure assessments and plans are appropriately developed the individual needs of all current Care residents. The AL Manager a DON will review 10 current residen weekly x 4 weeks to ensure assessments and the individual needs of all current care residents.	ns were care risks. forker current x 4 d care I to meet Memory and/or nts in AL	
	A 12/18/13 nurse's was ambulating on tripped, fell, and fra 12/18/13 therapy no was to begin using A 03/10/14 nurse's fell out of bed. 03/(CT) results docum experienced a fract fall.	the secure unit we ctured her knee cotes documented a walker during an note documented 14/14 computed to ented the residen	hen she ap. the resident mbulation. Resident #2 pmography t		and care plans are appropriately developed to meet the individual rall current AL residents. Incident reports of falls, elopement resident events will be brought to morning clinical meeting to be revithe IDT to ensure appropriate interventions are in place, care plaupdated and staff trained on care expectations Started 8/5/14 and o	needs of at or the iewed by	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NH0500	B. WING		C 08/01/2014
	(EACH DEFICIENC)	IASHVILLE 1022 EAS NASHVIL ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	DDRESS, CITY, STERN AVEN	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E	(X5) BE COMPLETE
D 260	Continued From part A 05/07/14 nurse's slipped, was caugh sustained a lacerat A 06/05/14 nurse's was found on the fleft eyebrow. A 07/06/14 nurse's fell out of bed. 07/2 documented the reof her left hip due to At 10:45 AM on 08/Nurse #2 (Minimum Resident #2's care updated to reflect a 12/18/13, 03/10/14 07/06/14 which rescommented any ne	note documented Resident #2 t by a nursing assistant, but ion to the side of her eye. note documented Resident #2 oor with a hematoma to her note documented Resident #2 21/14 x-ray results sident experienced a fracture	D 260	A weekly Standards of Care meeting place to review weekly falls, elopement and resident events, current intervent and updated care plans. Started 8/1′ and on-going. The AL Manager will bring the Stand of Care information to the monthly Queeting for review by committee. Sta 8/19/14 and on-going. Nursing staff including licensed nurse medication technicians and CNAs wireceive re-education by the Administ and the AL Manager on 8/26/14 and 8/28/14. Education will include Safe Falls Prevention, falls investigation, finterventions, elopement risk and interventions, the supervision of at rise residents, updating and utilizing residents, updating and utilizing residents. New admission residents in the AL of Memory Care will be assessed by the Manager and/or DON for elopement falls risk and a care plan will be deveto meet each care need. The Social Worker and/or Administrator will revinewly admitted residents weekly x4 weeks; then monthly x 2 months to eassessments and care plans are appropriately developed to meet the individual needs of the resident.	is in ents ations 1/14 ards A arted es, fill rator ty & fall sk dent ree AL and eloped ew
D 270	Supervision	01(b) Personal Care and	D 270		8/21/14
ı	10A NCAC 13F .09	01 Personal Care and			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION :	(X3) DATE S COMPL	
		NH0500	B. WING		08/0 ⁻	1/2014
	PROVIDER OR SUPPLIER	ASHVILLE 1022 EAS	DRESS, CITY, TERN AVEN LE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
D 270		de supervision of residents in ch resident's assessed needs,	D 270			
	interview, and recorplace interventions reoccurrence of fall (Resident #2 and # falls in an assisted included: 1. Resident #2 was 08/23/11. Her docuosteopenia, anemia	director interview, staff of review the facility failed to in place to prevent the s for 2 of 3 residents (a) who experienced multiple living secure unit. Findings admitted to the facility on immented diagnoses included (a), chronic obstructive (a) diabetes, and hypertension.		D270 Resident #2 was discharged from facility. Resident #3 was re-assessed by A Manager for fall and elopement ris plan was updated with appropriate interventions Memory Care staff re-educated by the AL Manager or Resident #3 regarding risk needs including falls and elopement, cur interventions and updated care pla 8/2/14.	AL sk. Care e was n rent an on	
	assessment, a 06/2 Personal Care Phys Plan, documented I oriented to person a disoriented, and wa reminders. A 03/09/14 midnigh Resident #2 fell out experiencing pain in resident's medicatio (MAR) documented needed (PRN) Tyle (Q) four hours until	n her right hip and leg. The on administration record I the resident received as nol 650 milligrams (mg) every 03/14/14 when a nurse's note ent to the hospital for		An audit was started 8/4/14 on curesidents in both Memory Care an Assisted Living by the AL Manage and elopement risk. Care plans wreviewed to ensure that Care Plan completed & updated with current needs to include fall & elopement Audit will be completed by 8/27/14 Starting 08/27/14, the Social Work and/or Administrator will review 5 residents in Memory Care weekly weeks to ensure assessments and plans are appropriately developed the individual needs of all current Care residents. The AL Manager and DON will review 10 current residents weekly x 4 weeks to ensure assessments and care plans are appropriately	r for falls ere ns were care risks. l. ker current x 4 d care l to meet Memory and/or nts in AL	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE S COMPL		
		NH0500	B. WING		08/0 ²	1/2014
	PROVIDER OR SUPPLIER SAL HEALTH CARE/N	ASHVILLE 1022 EAS	DRESS, CITY, S TERN AVEN LE, NC 2785		-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 270	03/14/14 CT results a "nondisplaced, inc greater trochanter of A 05/07/14 5:30 AM Resident #2 sustain eyebrow when a nu her as she slipped I A 06/15/14 11:00 AI Resident #2 was fo of another resident' experienced a hem eyebrow. A 07/06/14 4:40 AM Resident #2 rolled oresident complained to the emergency round to the emergency rounding to the experienced a fract with no new orders, the resident continupain in the left hip was managed effect 5/325 milligrams (managed effect) and the pack and left hip was were ordered to 7/21/14 x-ray results.	documented Resident #2 had complete fracture through the of the right proximal femur." I nurse's note documented ned a laceration to the right rsing assistant (NA) caught eaving the bathroom. M nurse's note documented und sitting upright on the floor is room. The resident atoma around the left I nurse's note documented out of bed onto the floor. The dof left hip pain, and was sent from (ER) for evaluation. I nurse's note documented and the resident had not floor the ER where fined the resident had not floor. The resident returned for the resident returned for the experience sporadic which, according to the MAR, cively by the use of Percocet floor every (Q) six hours as I nurse's note documented perienced worsening pain in prover the weekend, and dictions.	D 270	developed to meet the individual rall current AL residents. Incident report of falls and resider will be brought to the morning clin meeting to be reviewed by the IDT ensure appropriate interventions a place, care plans updated and sta on care expectations. Started 8/4 on-going. The AL Manager will bring the Sta of Care information to the monthly meeting for review by committee. 8/19/14 and on-going. Nursing staff including licensed numedication technicians and CNAs receive re-education by the Admirand the AL Manager on 8/26/14 at 8/28/14. Education will include Sa Falls Prevention, falls investigation interventions, elopement risk and interventions, updating and utilizing recare plans.	at events ical to are in ff trained /14 and ndards / QA Started urses, will istrator afety & afety & a, fall t risk	

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WPEM11 If continuation sheet 7 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUI COMPLET				
		NH0500	B. WING		08/0) 1/2014
	PROVIDER OR SUPPLIER	ASHVII I F	DDRESS, CITY, S STERN AVEN LE, NC 2785			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 270	At 9:20 AM on 07/3 of the assisted livin she had held her coof May 2014, stated was aware of to helfalls was to remind and to place her in became weak. The unaware of any fall resident was in bed. At 10:00 AM on 07/she realized the anincidents in assisted she began working ago which involved reports, logging the morning meetings, prevent reoccurrent involving injury, and these accidents into assurance (QA) prowas not in place ye feedback from corpadministrator explain her plan that was bowas the completion. At 10:08 AM on 07/#1 stated Resident after a fall in Decent 12/18/13 resulted in also reported the state for the resident in eher legs were weak Resident #2 had all while in the secure	1/14 Nurse #1, the supervisor g secure unit who reported urrent position since the end d the only interventions she lp Resident #2 prevent further her to use her rolling walker a wheelchair when she e nurse reported she was interventions when the				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		NUIOFOO			00/0		
		NH0500	<u>.</u>		08/0	1/2014	
NAME OF I				STATE, ZIP CODE			
IINIVERSAL HEALTH CARE/NASHVILLE			TERN AVEN LE, NC 2785				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE	
D 270	Continued From pa	ge 8	D 270				
	no fall preventions in hight when in bed of bed in the lowest poresidents in these tresident was reminiplaced in a wheelch interventions were fractures.	31/14 NA #1 stated there were in place for Resident #2 at other than having her standard osition, which was done for all ype beds. She reported the ded to use a walker and nair when weak, but these being utilized prior to her hip					
	At 4:00 PM on 07/31/14 QA minutes for meetings on 03/27/14, 04/24/14, 05/29/14, and 06/26/14 were reviewed. Falls in assisted living were not included in falls analysis, no individual residents who experienced falls in assisted living were discussed, and no four-point plans were developed for any assisted living residents who experienced falls with injury.						
	residents in the sec and one resident # reported Resident # during her stay on t commented it was a to use her walker, a was placed in a who MA #2 explained th	1/14 MA #2 stated some cure unit had low beds, mats, ad an alarm. However, she #2 was in a standard bed he secure unit. She a challenge to get Resident #2 and sometimes the resident eelchair when she was weak. e walker and wheelchair had e resident probably for at least					
	stated it was import experienced by res assisted living beds attended. He expla continuity of care in medical director, in-	1/14 the medical director tant to discuss falls idents in skilled nursing and a during QA meetings which he ained this helped maintain a the building. According to the dividual residents who ere discussed during QA					

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C	
NH0500 B. WING 08/01/20	014
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/NASHVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 1022 EASTERN AVENUE NASHVILLE, NC 27856	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COI	(X5) OMPLETE DATE
D 270 Continued From page 9 meetings, and fall interventions were determined. However, he stated he was unsure if any of these residents resided in assisted living beds. 2. Resident #3 was admitted to the facility (assisted living secure unit) on 06/20/14. The resident's documented diagnoses included frequent falls, vitamin D deficiency, glaucoma, anemia, and history of deep venous thrombosis. A 06/21/14 nurse's note documented Resident #3 ambulated out the side door of the secure unit dining room, and fell onto the concrete pad of an enclosed patio. The resident's 06/24/14 Adult Care Home Personal Care Physician Authorization and Care Plan documented Resident #3 suffered from "depressing dementia", was sometimes disoriented, and experienced significant loss of memory/required direction. A 07/17/14 7:15 PM nurse's note documented Resident #3 fell onto the floor while ambulating, and sustained a knot to the right side of her head. A 07/27/14 6:30 PM nurse's note documented Resident #3 sid onto the floor while ambulating, Diagnostics documented the resident was negative for fracture. On 07/31/14 at 9:20 AM Nurse #1, at 10:08 AM medication aide (MA) #1, at 11:02 AM nursing assistant (NA) #1, and at 4:23 PM MA #2 all stated the only fall intervention for Resident #3 was the four-pronged cane the resident was was the four-pronged cane the resident was	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
		NH0500		B. WING			C 01/2014
	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
UNIVER	SAL HEALTH CARE/N	ASHVILLE		LE, NC 2785			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCY MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 10		D 270			
	At 10:00 AM on 07/she realized the ansincidents in assisted she began working ago which involved reports, logging the morning meetings, prevent reoccurrencinvolving injury, and these accidents into assurance (QA) prowas not in place ye feedback from corp administrator expla her plan that was bowas the completion	alysis of accidents of living was a probon a plan about the completing incide incidents, discuss developing a fource for those accided incorporating the param. She report that, and she was away or at e on the projecined currently the eeing used in assistant as a probability of the facility's quality and she was away or at e on the projecined currently the eeing used in assistant as a probability of the facility is a probability of the facility is a probability of the facility of the facili	and plem, and pree days nt/accident sing them in point plan to ents analysis of ity ed this plan aiting ct. The only piece of ted living				
	At 4:00 PM on 07/3 on 03/27/14, 04/24/ were reviewed. Fal included in falls and who experienced fadiscussed, and no developed for any a experienced falls w	114, 05/29/14, and alls in assisted living alysis, no individua alls in assisted living four-point plans we assisted living residual.	06/26/14 g were not I residents g were ere				
	At 6:12 PM on 07/3 stated it was import incidents such as e residents in skilled beds during QA me explained this helps in the building. According individual residents discussed during Q interventions were estated he was unsuresided in assisted did not recall discussed	ant to discuss falls lopements experie nursing and assist etings which he at ed maintain a cont cording to the med who experienced A meetings, and fadetermined. However if any of these reliving beds. He co	s and other enced by ed living tended. He inuity of care ical director, falls were all ever, he residents mmented he				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		SURVEY PLETED	
			A. BUILDING:			С
		NH0500	B. WING			01/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
UNIVER	SAL HEALTH CARE/N	IASHVII I E	TERN AVEN LE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 270	from the assisted limeetings he attended in the assisted limeetings he attended in the assisted limeetings he attended in the assisted in the assisted she went in the assisted she went in the assisted she went in the assisted she informed in the as	ving secure unit during the QA led. 11/14, during a telephone ated on 06/21/14 when she did sidents at the start of her 11 sident #3 was in bed. She into the nursing station/office on cart ready, and as she was be noticed some movement ing room. According to MA #3, inutes had elapsed seeing. However, she explained that the #3 on the concrete pad here she had fallen. The MA wassessment was completed, stained no injuries. She did the on-coming MA about the of her shift and documented it ort. However, MA #3 as unsure how this information aff who worked in the unit esident #3's elopement/fall	D 270			

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STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
NH0500		B. WING		C 08/01/2014							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
UNIVERSAL HEALTH CARE/NASHVILLE 1022 EASTERN AVENUE											
NASHVILLE, NC 27856											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE					
D 270	Continued From page 12			D 270							
	supervised by staff. residents from the uroom door and exite fall, and were immestayed outside with inside. MA #1 explained continuing until unit residents were where they could be staff member at all. At 11:50 AM on 08/supervisor, confirm be out on the pationalso reported Reside exhibiting wandering to the secure unit.	out onto the patio had to She reported several unit had opened the dinited by themselves, but dediately observed by starthem or brought them to ained starting before broken after supper as many of kept in the dining/activities supervised by at least times. O1/14 Nurse #1, the united that no residents we without staff supervision lent #3 was assessed as g tendencies upon adm However, she comment mentation or observationing exit-seeking behavior	ing id not ff who back eakfast of the ty room one t re to n. She s ission ted ns of								
D 451	10A NCAC 13F .12 and Incidents	12(a) Reporting of Accid	dents	D 451			8/21/14				
	Incidents (a) An adult care h department of social incident resulting in accident or incident resident requiring re evaluation, hospital other than first aid.	12 Reporting of Accider ome shall notify the could services of any accider resident death or any tresulting in injury to a referral for emergency mization, or medical treat	ent or edical								
	facility failed to repo	et as evidenced by: rview and record review ort falls with injury to soc sampled residents (Resi	cial		D 451 The Administrator will ensure that incidents and accidents as require	d per					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED								
			A. BUILDING		0								
		NH0500	B. WING		C 08/01/2014								
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
UNIVERSAL HEALTH CARE/NASHVILLE 1022 EASTERN AVENUE NASHVILLE, NC 27856													
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE								
D 451	Continued From page 13		D 451										
	#2) who experienced multiple falls in the facility's assisted living secure unit. Findings include:			regulations will be sent to the loca via fax as of 08/02/14 and on-goin									
	Resident #2 was at 08/23/11.	dmitted to the facility on		The AL Manager has been educat the requirement and will immediat report to the Administrator any res	ely								
	was ambulating on	note documented Resident #2 the secure unit when she ctured her knee cap.		Memory Care or AL experiencing a accident/incident which requires r to DSS. Started 08/02/14 and on-	an reporting								
	fell out of bed. 03/ (CT) results docum	note documented Resident #2 14/14 computed tomography ented the resident cure of her right hip due to this		All Incident report of falls and reside events will be brought to the morn clinical meeting to be reviewed by to ensure appropriate intervention place, care plans updated and state on care expectations. The Administration	ing the IDT s are in ff trained								
	slipped, was caugh	note documented Resident #2 t by a nursing assistant, but ion to the side of her eye.		will obtain copies of any incidents Memory Care or AL that need to b reported to DSS per regulations. \$ 8/4/14 and on-going.	in e								
		note documented Resident #2 oor with a hematoma to her		The Administrator will keep a log confirmations of all accident/incid notifications sent to DSS as of 08	ents								
	fell out of bed. 07/2	sident experienced a fracture		and on going									
	consultant and adm falls with injury on and 07/06/14 had r services. They exp been following skill- accidents/incidents living secure unit by	701/14 the corporate nursing ninistrator stated Resident #2's 12/18/13, 03/10/14, 06/05/14, not been reported to social plained that the facility had ed nursing guidelines for experienced in the assisted y submitting 24-hour and 5-day for injuries of unknown origin.											

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